

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	21	5/17/94
EXAMINER	308	5-18-94
TYPIST	505	6-1-94
VERIFIER	277 98	3 14 7-7-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	Original
1	2
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3	10
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final	Original
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